



**What you eat and drink can affect your and your baby's health. Tell us about your eating habits.**

16. I usually eat \_\_\_\_\_ meals/day and \_\_\_\_\_ snacks/day.
17. I make my own meals at home most of the time ☐ No ☐ Yes Describe a typical meal \_\_\_\_\_  
801, 802, 902
18. I eat fruits/vegetables: ☐ 1 cup/day or less ☐ 2 cups/day ☐ 3 cups/day or more
19. **Cooked and pasteurized foods are safe for pregnant women. They are heated to kill harmful bacteria. Some raw and un-pasteurized foods are NOT safe for pregnant women. Check the box if you eat:** 427.5
- ☐ Raw or undercooked meat, poultry, fish, eggs or foods made with raw or lightly cooked eggs
- ☐ Foods with raw or undercooked eggs, like salad dressings, cookie and cake batters, sauces
- ☐ Hot dogs, luncheon meats, fermented and dry sausage, unheated deli-style meat or poultry
- ☐ Refrigerated Smoked Seafood (unless it is in a cooked dish)
- ☐ Soft cheeses made with un-pasteurized milk: Feta, Mexican style (queso blanco fresco), Brie, Blue
- ☐ Raw sprouts (alfalfa, clover and radish)
- ☐ Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk
20. I run out of money or Food Stamps to buy food. ☐ No ☐ Yes ☐ Sometimes
21. Are you on a special diet? ☐ No ☐ Yes, Describe: \_\_\_\_\_ 427.2
22. Do you crave or eat non-food items, like dirt, clay, soap, ice, freezer frost, or cigarette butts?  
☐ No ☐ Yes, Describe: \_\_\_\_\_ 427.3
23. Do you have trouble eating any foods? ☐ No ☐ Yes, List: \_\_\_\_\_ 354, 355
24. Do you have any food allergies? ☐ No ☐ Yes, List: \_\_\_\_\_ 353
25. Do you fast, binge or vomit to control your weight? ☐ No ☐ Yes ☐ Not now, in the past 358
26. What activities do you and/or your family do for fun? \_\_\_\_\_
27. Circle the form of milk you would like on your WIC checks or in your food box:

**Fresh**

**Fluid (UHT)**

**Dry**

**Evaporated**

**Avoiding tobacco, alcohol and illegal drugs is healthy. Please tell us more about these habits.**

28. Did you smoke cigarettes **before** you were pregnant? ☐ No ☐ Yes, \_\_\_\_\_cigarettes a day 371
29. Do you smoke cigarettes **now**? ☐ No ☐ Yes, \_\_\_\_\_cigarettes a day
- Has your smoking: ☐ Continued ☐ Increased ☐ Decreased ☐ Stopped ☐ Tried to stop
30. Do you use smokeless or chewing tobacco? ☐No ☐Yes → how many times per day? \_\_\_\_\_371
31. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐No ☐Yes 904
32. On the average, about how many days/week is there smoking anywhere inside your home?\_\_\_\_904
33. Did you drink alcohol **before** you were pregnant? ☐ No ☐ Yes \_\_\_\_\_drinks a day \_\_\_\_\_days a week
34. Do you drink alcohol **now**? ☐ No ☐ Yes \_\_\_\_\_ drinks a day \_\_\_\_\_ days a week 372
35. Please circle any drugs you are using **now**:
- |                 |                           |               |             |       |
|-----------------|---------------------------|---------------|-------------|-------|
| Marijuana       | Methadone                 | Cocaine       | Crank       | Crack |
| Methamphetamine | Speed                     | Heroin        | Other _____ | 372   |
| None _____      | None now, but in the past | how long ago? | _____       |       |
36. Are you in a relationship with anyone who has pushed, hit or threatened you in any way?  
☐ No ☐Yes ☐Sometimes 901

**What are your main concerns today – and how can WIC help?**

\_\_\_\_\_*Thank You!*